02984

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place): 1½ hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne Genl.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millington - Rural
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Ashley

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Cal

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-31-53

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours 1 / Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Melvin Ashley

14. MOTHER'S MAIDEN NAME: Gertrude Wright.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Gertrude Ashley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

762.0

Immediate cause (a) atalectasis and anoxia —

DUE TO

Antecedent cause(s) (b) Small size at birth - + breech birth. Delivery

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c) was relatively uncomplicated -

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-31, 1953 to 3-31, 1953 that I last saw the deceased alive on 3-31, 1953 and that death occurred at 6:45 p.m., from the causes and on the date stated above.

SIGNATURE: Robert W. Farr — (DEGREE OR TITLE) M.D. — ADDRESS: Chestertown, Md — DATE SIGNED: 3-31-53

23. BURIAL, CREMATION REMOVAL (Specify): — DATE THEREOF: April 1st 1953 — NAME OF CEMETERY OR CREMATORY: Pondtown — LOCATION (City, town, or county): Pondtown — (State): Md

DATE REC'D BY LOCAL REG.: April 1-1953 — REGISTRAR'S SIGNATURE: Clara S. Barnes. — 24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill, Md.

2033234372

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 6 1953
BUREAU V. S.

02985

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (In this place) 1½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Genl

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Ben Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) Rural (Pond town)

3. NAME OF DECEASED (Type or Print) (First) OLIVER (Middle) (Last) BRATCHER
4. DATE OF DEATH (Month) March (Day) 6 (Year) 1953
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Oct 20-1909
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Daniel Bratcher
14. MOTHER'S MAIDEN NAME Elizabeth Fletcher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 222-03-3864
17. INFORMANT AND ADDRESS Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

910.1

Immediate cause (a) Comminuted fracture of skull — 2½ hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3-6-53
19b. MAJOR FINDINGS OF OPERATION Intra cranial hemorrhage
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) farm (CITY OR TOWN) Chestertown (COUNTY) Kent (STATE) Md
TIME OF INJURY (Month) March (Day) 3 (Year) 1953 (Hour) 10 a.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Struck by falling tree, while at work

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. Ant. N. Sam (Degree or title) M.D. Dpty Med Examiner ADDRESS Chestertown Md DATE SIGNED 3-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 3/9/53 NAME OF CEMETERY OR CREMATORY Pondtown LOCATION (City, town, or county) Pondtown (State) Md.

DATE REC'D BY LOCAL REG. Mar. 9-1953 REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16A

RECEIVED
MAR 12 1951
BUREAU V. S.

02986

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton Md
LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Betterton Md COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Edwin (Last) Dedman

4. DATE OF DEATH (Month) Mar (Day) 3 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 10, 1870
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor retired
10b. KIND OF BUSINESS OR INDUSTRY Doctor
11. BIRTHPLACE (State or foreign country) Selma Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Monroe Dedman
14. MOTHER'S MAIDEN NAME Mary Ann Scarff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Catharine Crew Dedman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — Dont know

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary atherosclerosis — 10-12 years

(c) Was found dead in bed, am of 3-3-53. Had felt well the night before, and upon retiring for the night.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to March 3, 1953, that I last saw the deceased alive on March 3, 1953, and that death occurred at about 5 00 a.m., from the causes and on the date stated above.

SIGNATURE R Burt W Fare (Degree or title) M.D. ADDRESS Chestertown, Md. DATE SIGNED 3-4-53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 3/7/53
NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
LOCATION (City, town, or county) (State) Birmingham Alabama

DATE REC'D BY LOCAL REG. 3/7/53
REGISTRAR'S SIGNATURE E Kennard Jones
24. FUNERAL DIRECTOR B. R. Fellows, Still Pond, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
MAR 11 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02987

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown | LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 230 Lynchburg St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 430 Calvert St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Virgil		Diggs		March	6	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Col.	Widowed	March 8 1870	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Tobacco Industry plant	Tobacco Industry Co	Broad Neck Kent Co. Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Freeman Diggs	Clara Lawrence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs Mary Miller - 230 Lynchburg St. Chestertown Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Congestive Heart Failure	2-3 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary arteriosclerosis with myocarditis	8-10 months
	(c) Duodenal ulcer perforated by ulcer	2-3 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2/11, 1953 to 3-6, 1953 that I last saw the deceased alive on 3-6, 1953 and that death occurred at 1:40 a.m. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Ted Baker	MD	Chestertown Md	3-9-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 7, 1953	Chestertown Cemetery	Chestertown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
March 7-1953	Clara L. Barnes,	Marvin V. Williams - Chestertown, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 10 1953
BUREAU V. S.

02988

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 02

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 338 Cannon St.

3. NAME OF DECEASED (Type or Print) (First) Lula (Middle) Smith (Last) Frazier
4. DATE OF DEATH (Month) (Day) (Year) Mar. 8, 1953 19

5. SEX female
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr. 6, 1899
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Smith
14. MOTHER'S MAIDEN NAME Hattie Woodland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-07-6522
17. INFORMANT AND ADDRESS Earl Frazier 338 Cannon St. Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 8 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial hypertension — several years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7, 1953, to 3-8, 1953, that I last saw the deceased alive on 3-8, 1953 and that death occurred at 7 00 p m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) Md ADDRESS Chestertown Md DATE SIGNED 3-9-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar. 12, 1953
NAME OF CEMETERY OR CREMATORY Janes Cemetery near
LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REG. Mar. 10-1953
REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR J. Willis Wells- ADDRESS Chestertown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 12 19
BUREAU V. &

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Horton md
LENGTH OF STAY (in this place) 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Rural Horton Kent COUNTY md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Horton md
STREET ADDRESS (If rural, give location) Colemans md.

3. NAME OF DECEASED (Type or Print) (First) Addie (Middle) A (Last) Jackson
4. DATE OF DEATH (Month) Mar. (Day) 1 (Year) 1953

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept 24-1877
9. AGE last birthday 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Rural Horton md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Isaac Roberts
14. MOTHER'S MAIDEN NAME Margaret Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY No. 21-18-3925A
17. INFORMANT AND ADDRESS Charles Henry Jackson Horton md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.2

Immediate cause (a) Spasmodic condition

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac asthma

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Mar 1, 1953 that I last saw the deceased alive on Mar 1, 1953, and that death occurred at 11 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. P. Atwell
ADDRESS Still Pond
DATE SIGNED 3/4/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mar 7 1953
NAME OF CEMETERY OR CREMATORY Colemans Cemetery
LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. 3/7/53
REGISTRAR'S SIGNATURE E Kennard Jones
24. FUNERAL DIRECTOR [illegible]
ADDRESS [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 990

CERTIFICATE OF DEATH

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of Information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Kent. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Still Pond
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Galena
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) ELSIE (Middle) MAY (Last) JOHNSON
4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: June 24 1889
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Davis
14. MOTHER'S MAIDEN NAME: Carrie Hinson
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: James Johnson Kennedyville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Coronary Artery Disease
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocardial Insufficiency
DUE TO
(c)
Interval Between Onset And Death: 2 mos. unknown

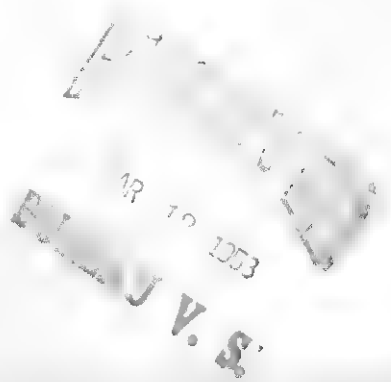
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 22 19 53 to Mar. 7, 19 53, that I last saw the deceased alive on Feb 28, 19 53, and that death occurred at 4 A.M., from the causes and on the date stated above.
SIGNATURE H H Hamilton (Degree or title) M.D. ADDRESS Millington Md DATE SIGNED Mar 9, 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 11 1953
NAME OF CEMETERY OR CREMATORY John Wesley Cem.
LOCATION (City, town, or county) (State) Near Galena Md.
DATE REC'D BY LOCAL REGISTRAR 3/10
REGISTRAR'S SIGNATURE E Leonard Jones
26. FUNERAL DIRECTOR Edward Tilghman ADDRESS Millington Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-53

1. PLACE OF DEATH:
COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown, Md
LENGTH OF STAY (in this place): eight days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall, Md
STREET ADDRESS (If rural, give location): No St. address

3. NAME OF DECEASED (Type or Print): (First) William (Middle) GRoom (Last) Price

4. DATE OF DEATH: (Month) 3 (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Dec. 18th 1885

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months 3 Days 7 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: fishing & oystering

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Thomas Price

14. MOTHER'S MAIDEN NAME: Mary Ashley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown — (If Yes, give war or dates of service) No.

16. SOCIAL SECURITY NO.: 215-03-4964

17. INFORMANT & ADDRESS: Mrs. Sarah Eliz. Price - Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4221

Immediate cause (a) Coronary Thrombosis — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension, obesity, atherosclerosis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 8 days (b) years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Mar. 3, 1953, to Mar. 11, 1953, that I last saw the deceased alive on Mar. 11, 1953, and that death occurred at 10 32 A.m., from the causes and on the date stated above.

SIGNATURE: Willard F. Smith — (DEGREE OR TITLE) MD — ADDRESS: Rock Hall, Md — DATE SIGNED: March 12, 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 14 1953 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cemetery — LOCATION (City, town, or county) (State): Rock Hall, Maryland

DATE REC'D BY LOCAL REG.: Mar. 13-1953 — REGISTRAR'S SIGNATURE: Clara L. Barnes — **24. FUNERAL DIRECTOR** — ADDRESS: Marvin V. Williams - Chestertown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02992

CERTIFICATE OF DEATH

Reg. Dist. No. 200

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestnuville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestnuville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) MERRITT (Last) SPRY

4. DATE OF DEATH: (Month) March (Day) 6, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 27 1881

9. AGE last birthday: 71 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Proprietor

10b. KIND OF BUSINESS OR INDUSTRY: Retail grocery store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Spry

14. MOTHER'S MAIDEN NAME: Sallie Tracy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 222-05-4310

17. INFORMANT & ADDRESS: Joseph Spry Chestnuville Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Stroke	Sudden
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	3 years
	DUE TO (c) generalized Arteriosclerosis with previous Strokes.	? years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov 30, 1952, to March 6, 1953 that I last saw the deceased alive on Dec 4, 1952 and that death occurred at 12 30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. H. Hamilton M.D. Millington 3/7/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: March 9 1953

NAME OF CEMETERY OR CREMATORY: Townsend Cem.

LOCATION (City, town, or county) (State): Townsend Md.

DATE REC'D BY LOCAL REGISTRAR: March 7, 1953

REGISTRAR'S SIGNATURE: Edward Fellows

24. FUNERAL DIRECTOR: Edward Fellows

ADDRESS: Millington Md.

RECEIVED
MAR 12 1953
BUREAU V. S

02993

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Ann

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millington
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) (Last) Stanley

4. DATE OF DEATH: (Month) 3 (Day) 31 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: 3-30-53

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months, Days 1 — IF UNDER 24 HRS.: Hours 20, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Willis Stanley

14. MOTHER'S MAIDEN NAME: Margaret Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Margaret Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

776X

Immediate cause (a) Premature (2#6½ at birth). Est. date of confinement

DUE TO was about July 2. Breathed well at first but

Antecedent cause(s) (b) later developed apneic spells. O₂ constantly

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO given. Rectal temp dropped to 94° for short time

(c) but returned to 98° & remained at this level for most part

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/30, 1953 to 3/31, 1953, that I last saw the deceased alive on 3/31, 1953, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE: R Lee Ware — (DEGREE OR TITLE) M.D. — ADDRESS: Chestertown Md — DATE SIGNED: 4/1/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 2 1953 — NAME OF CEMETERY OR CREMATORY: Christiville Cem. — LOCATION (City, town, or county) (State): Rural Millington Md.

DATE REC'D BY LOCAL REG.: April 3-1953 — REGISTRAR'S SIGNATURE: Clara S. Barnes. — 24. FUNERAL DIRECTOR: Edward Pillow — ADDRESS: Millington Md.

203324281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 6 1953
BUREAU V. S.